

DECLARATION AND POWER OF ATTORNEY

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Atty. Dkt. No.: 8558-000001

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multimedia Computerized Patient Record System

the specification of which (check one)



- ☐ is attached hereto.
or
☒ was filed on November 1, 2001 as Application Serial No. or PCT International Application No. 10/002,486 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.


I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>


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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 () of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

DECLARATION AND POWER OF ATTORNEY

Full name of sole or first inventor: Manoucher Gueramy

Inventor's signature: 

Date: Feb. 7, 2002

Residence: 4000 Orchard Drive, Midland, Michigan 48640

Citizenship: UNITED STATES

Mailing Address: 4000 Orchard Drive, Midland, Michigan 48640

Full name of second joint inventor, if any: Anthony D. Gueramy

Inventor's signature: 

Date: Feb 15, 2002

Residence: 4000 Orchard Drive, Midland, Michigan 48640

Citizenship: UNITED STATES

Mailing Address: 4000 Orchard Drive, Midland, Michigan 48640

Full name of third joint inventor, if any: Paul D. Ries

Inventor's signature: ☒ 

Date: ☒ FEB 28 2002

Residence: 4205 Birkshire, Midland, Michigan 48640

Citizenship: UNITED STATES

Mailing Address: 4205 Birkshire, Midland, Michigan 48640

Full name of fourth joint inventor, if any: Michael E. Hunt

Inventor's signature: 

Date: 2/15/02

Residence: 2707 Meir Road, Midland, Michigan 48642

Citizenship: UNITED STATES

Mailing Address: 2707 Meir Road, Midland, Michigan 48642

Full name of fifth joint inventor, if any:

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Mailing Address: _____